

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for date of service (DOS) 03/20/02?  
b. The request was received on 06/25/02

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC-60
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/12/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The "No Response Submitted" sheet is reflected as Exhibit II of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: none submitted
2. Respondent: none submitted

### **IV. FINDINGS**

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 03/20/02.
2. The carrier's EOB has the denial: "F – T, N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MAR	REFERENCE	RATIONALE:
03/20/02	99214	\$170.00	\$0.00	F	\$71.00	MFG, E/MGR (IV)(C)(2), CPT descriptor	The CPT descriptor states, " Office or other out patient visit for the evaluation and management of an established patient, which requires at least two of these key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of moderate complexity...Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family." A review of the 03/20/02 medical documentation finds that it adequately meets the requirements of the CPT descriptor for the level of service billed. Therefore, reimbursement of <b>\$71.00</b> is recommended.
<b>Totals</b>		\$170.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$71.00.

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$71.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 25<sup>th</sup> day of November 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division